24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Cavalry	M - M / D - D / Y - Y - Y
Mailing Address 1634 Eye Street NW	04 27 2017 Amount
Suite 800	Anount
City State Zip Code	109.56
Washington DC 20006	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	05 01 / Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 01
Quist, Rob, , ,	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disbut 1639849.56	ursement For: Primary General ✓ Other (specify) ► Special General
Full Name of Payee	Date of Public Distribution/Dissemination
Creative Direct	M = M / D = D / Y = Y = Y
Mailing Address 25 E. Main Street	04 28 2017
	Amount
City State Zip Code	37000.00
Richmond VA 23219	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M = M / D = D / Y = Y = Y
Direct mail Direct mail Outgg() Type 004	04 27 2017
	e Sought: X House District: 01
Quist, Rob, , ,	President Senate State: MT
2015	ursement For: Primary General
Per Election for Office Sought	X Other (specify) ► Special General
(a) SUBTOTAL of Itemized Independent Expenditures	37109.56
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	07400.50
(b) FOTAL masparation Expanditures	37109.56
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Crosby, Caleb, , ,	M / D D / Y Y Y Y Y
CTDL 4 1 II TOU II	30 2017
Orginataro ————————————————————————————————————	